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APPLICANTS

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**** CONTINUING DATA ******* *No* ☒

**** FOREIGN APPLICATIONS ******* *No* ☒

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/06/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 14	TOTAL CLAIMS 94	INDEPENDENT CLAIMS 4
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Verified and Acknowledged Examiner's Signature *[Signature]* Initials

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TITLE
 CT dose reduction filter with a computationally efficient implementation

FILING FEE RECEIVED 2156	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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